

Virginia Department of Education
2006-2007 Reimbursement - Special Education Jail Program

School Division: _____ **Local or Regional Jail:** _____

School Division Contact: _____ **Phone:** _____ **Email:** _____

The expenses reported below are for:

- _____ 1st quarter (July 1 – September 30) – **report due October 10**
- _____ 2nd quarter (October 1 – December 31) – **report due January 10**
- _____ 3rd quarter (January 1 – March 31) – **report due April 10**
- _____ 4th quarter (April 1 – June 30) – **report due July 10**

Quarterly Inmate Demographic Information:

Total number if inmates committed this quarter:	
Number of inmates interviewed this quarter:	
Number of all inmates under age 22 served this quarter:	
Number of all inmates under age 22 receiving special education for the first time this quarter:	
Total number of inmates <18 receiving special education services this quarter:	
Total number of inmates <18 receiving regular education services this quarter:	

(Must be completed to receive reimbursement)

Expense Summary:

Total Salaries and Benefits (from part II)	\$
Total Materials and Supplies (from part III)	\$
Total Equipment (from part IV)	\$
Total Travel (from part V)	\$
Total Staff Development (from part VI)	\$
Total Other Expenses (from part VII)	\$
TOTAL EXPENSES:	\$

**Please submit the cover sheet indicating \$0 if you are not claiming any reimbursements this quarter.*

The expenditures reported in this reimbursement request have been paid in accordance with state policy and Virginia Board of Education regulations. Documentation has been retained in this office and is subject to audit.

School Division Superintendent or Authorized Signature

Date

II. Salaries and Benefits:

Name	Type of Position (i.e., teacher, coordinator, etc.)	FTEs	Salaries Paid	Benefits Paid	Total Salaries and Benefits Paid
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Total:			\$	\$	\$

III. Materials and Supplies:

Item Description	Payee/Vendor	Check or Voucher No.	Payment Date	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total:				\$

IV. Equipment:

Item Description	Payee/Vendor	Check or Voucher No.	Payment Date	Amount
				\$
				\$
				\$
				\$
Total:				\$

V. Travel:

Name	Position	Miles Traveled	Mileage Rate	Check or Voucher No.	Payment Date	Amount
						\$
						\$
						\$
						\$
						\$
Total:						\$

VI. Staff Development:

Staff Member	Nature of Expense (i.e., tuition, registration, lodging, etc.)	Check or Voucher No.	Payment Date	Amount
				\$
				\$
				\$
				\$
Total:				\$

VII. Other Expenses:

Item Description	Payee/Vendor	Miles Traveled	Mileage Rate	Check or Voucher No.	Payment Date	Amount
						\$
						\$
						\$
						\$
Total:						\$